

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re **Kentuckiana Medical Center LLC**,  
 Debtor

Case No. **10-93039-BHL**

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**See attached**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 22, 2010**

Signature **/s/ Christodulos S Stavens**  
**Christodulos S Stavens**  
**CEO**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
 18 U.S.C §§ 152 and 3571.

Investors	Percentage of Ownership
C. Stavens	12.37%
E. Hallal	14.43%
J Campbell	5.15%
G. Alcorn	5.15%
R. Karman	3.30%
M. Stikovac	5.15%
J. McConnell	2.27%
L. Rouben	3.09%
C. Oates	3.09%
D. Raleigh	5.15%
E. Giles, Sr	3.09%
T. Eckert	2.06%
J. Hategan	2.06%
A. Digenis	2.06%
J. Melo	4.12%
L. Mattingly	1.03%
S. Garimella	
J. Rumisek	5.15%
D. Berry	2.06%
S. Glisson	2.58%
A. Buridi	1.03%
S. Raza Kaqhi	1.03%
D. Britt	1.37%
A. Henderson	1.03%
B. Paradowski	1.37%
K. Carter	1.37%
R. Rahman	1.03%
M Chamberlin	0.21%
W. Shaikun	0.21%
Z. Khan	0.21%
A. Sharma	1.03%
H Hoover	
E. Brockman	
S. Hussein	2.06%
R. Larocca	2.58%
B. Thornton	2.06%
<b>Totals</b>	<b>100.00%</b>

B7 (Official Form 7) (04/10)

**United States Bankruptcy Court  
Southern District of Indiana**

In re Kentuckiana Medical Center LLC

Debtor(s)

Case No. 10-93039-BHLChapter 11

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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**1. Income from employment or operation of business**

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$43,180,468.00**  
**\$10,430,954.00**

SOURCE  
**Operations Jan - Aug 2010**  
**Operations Aug 09 - Dec 09**

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**2. Income other than from employment or operation of business**

None

☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$100,860.00**

SOURCE  
**Other revenue Jan - Aug 2010 (95% from Sunorah Grille)**

AMOUNT  
\$55,790.00

SOURCE  
Other revenue Aug 09 - Dec 09 (95% from Sunorah Grille)

### 3. Payments to creditors

None

**Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
Cardinal Health	July August Sept 2010	\$192,500.00	\$61,345.52
Citizens Union Bank	July 2010	\$39,405.01	\$2,612,884.54
Conway Mackenzie	July Aug Sept 2010	\$189,883.13	\$10,000.00
Diversified Lending	Aug 2010	\$46,193.63	\$3,695,305.00
First Tenn Bank	July Aug Sept 2010	\$451,774.33	\$5,000,000.00
Premium Finance	Aug Sept 2010	\$21,845.58	\$0.00
United Health Care	July Sept 2010	\$189,777.49	\$0.00
Abbott Vascular	Aug 2010	\$7,825.00	\$23,970.00
American Red Cross	July Aug Sept 2010	\$65,510.00	\$18,277.17
Aramark Uniforms	Aug Sept 2010	\$22,089.50	\$72,148.80
ASD Healthcare	July 2010	\$8,624.92	\$0.00
Beck Reed Riden	July Aug 2010	\$14,392.50	\$0.00
Boston Scientific	July Aug 2010	\$75,580.79	\$179,227.45

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>C&amp;G Technologies</b>	<b>Sept 2010</b>	<b>\$8,025.00</b>	<b>\$24,075.00</b>
<b>Carefusion Solutions</b>	<b>Aug 2010</b>	<b>\$17,015.14</b>	<b>\$8,507.57</b>
<b>CR Bard Access</b>	<b>Aug 2010</b>	<b>\$7,769.90</b>	<b>\$8,529.16</b>
<b>Duke Energy</b>	<b>July Aug 2010</b>	<b>\$70,593.66</b>	<b>\$0.00</b>
<b>Floyd Memorial Hospital</b>	<b>July 2010</b>	<b>\$6,093.00</b>	<b>\$23,972.00</b>
<b>GE Healthcare</b>	<b>July Aug 2010</b>	<b>\$18,757.39</b>	<b>\$9,370.45</b>
<b>Gold Standard Orthopedics</b>	<b>Aug 2010</b>	<b>\$6,825.00</b>	<b>\$0.00</b>
<b>Grande &amp; Assoc</b>	<b>Aug 2010</b>	<b>\$6,400.00</b>	<b>\$0.00</b>
<b>HEME Management</b>	<b>July Aug Sept 2010</b>	<b>\$70,000.00</b>	<b>\$293,357.71</b>
<b>Hospira Worldwide</b>	<b>Aug 2010</b>	<b>\$19,913.86</b>	<b>\$11,121.40</b>
<b>IDEV Technologies</b>	<b>July 2010</b>	<b>\$7,500.00</b>	<b>\$41,000.00</b>
<b>Intec Building Services</b>	<b>July Aug Sept 2010</b>	<b>\$60,000.00</b>	<b>\$70,854.00</b>
<b>Intec Supply</b>	<b>July 2010</b>	<b>\$12,342.43</b>	<b>\$19,198.77</b>
<b>Mahesh Agrawal MD</b>	<b>Aug Sept 2010</b>	<b>\$47,500.00</b>	<b>\$0.00</b>
<b>Medtronic USA</b>	<b>Aug Sept 2010</b>	<b>\$51,814.44</b>	<b>\$101,702.09</b>
<b>Office Depot</b>	<b>Aug 2010</b>	<b>\$7,056.46</b>	<b>\$3,499.36</b>
<b>Periculum Capital</b>	<b>July 2010</b>	<b>\$25,000.00</b>	<b>\$624.94</b>
<b>Perot Systems</b>	<b>Aug 2010</b>	<b>\$15,000.00</b>	<b>\$0.00</b>
<b>Quest Diagnostics</b>	<b>July Aug Sept 2010</b>	<b>\$60,000.00</b>	<b>\$117,487.70</b>
<b>Roche Diagnostics</b>	<b>July Aug Sept 2010</b>	<b>\$41,026.63</b>	<b>\$12,561.22</b>
<b>Seneca Medical</b>	<b>July Aug Sept 2010</b>	<b>\$154,373.17</b>	<b>\$425,233.67</b>
<b>Siemens Medical</b>	<b>Sept 2010</b>	<b>\$8,849.97</b>	<b>\$63,118.58</b>
<b>St Jude Medical</b>	<b>Aug 2010</b>	<b>\$24,853.69</b>	<b>\$381,390.25</b>
<b>Sysco Louisville</b>	<b>Aug 2010</b>	<b>\$6,429.55</b>	<b>\$8,394.53</b>

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Taft Stettinius &amp; Hollister</b>	<b>July Aug 2010</b>	<b>\$40,000.00</b>	<b>\$5,000.00</b>
<b>Teresa Parrott MD</b>	<b>Aug 2010</b>	<b>\$37,917.00</b>	<b>\$0.00</b>
<b>Universal Hospital Services</b>	<b>Aug 2010</b>	<b>\$28,961.47</b>	<b>\$43,156.89</b>
<b>Vectren Energy</b>	<b>July Aug 2010</b>	<b>\$19,578.38</b>	<b>\$0.00</b>
<b>Willis of Greater Kansas</b>	<b>Aug 2010</b>	<b>\$16,628.26</b>	<b>\$0.00</b>
<b>Xerox Corporation</b>	<b>Aug 2010</b>	<b>\$5,932.71</b>	<b>\$20,456.55</b>

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Crito v Kentuckiana Medical Center 10-2071-F</b>	<b>Collection</b>	<b>Suffolk County MA</b>	<b>Pending</b>
<b>The Leasing Group v Kentuckiana Medical Group et al 10-CI-006044</b>	<b>Collection</b>	<b>Jeff Circuit Court</b>	<b>Pending</b>
<b>First Tenn Bank v Kentuckiana Medical Center et al 10-CO1-1007-MF-1312</b>	<b>Collection</b>	<b>Clark Superior Court</b>	<b>Pending</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Seiller Waterman LLC		Retainer - \$60,000.00
Taft Stettinius & Hollister		\$40,000.00

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Dean Dorton Ford		\$305,000.00
Conway Mackenzie		\$260,168.00
Periculum Capital		\$65,000.00

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input type="checkbox"/>	b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.	

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Roche Diagnostics Corp	Misc medical equipment	Hospital

**15. Prior address of debtor**

None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME
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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

- ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Nick Clark	

Cory Williams

Paul Newsom

Healthcare Practice Consultants LLC

None

- ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME  
Debtor

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS  
First Tenn Bank

DATE ISSUED

BB&T

Diversified Lending

Cardinal Health

Roche Diagnostics

Steris Corp

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## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY  
Sept 19, 2010

INVENTORY SUPERVISOR  
Nick Clark

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)  
**Sight inventory**  
**\$180,000.00**

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY  
Sept 19, 2010

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS  
Nick Clark

---

## 21 . Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS  
See attached

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22 . Former partners, officers, directors and shareholders**

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
George Alcorn		

**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
See attached		

**24. Tax Consolidation Group.**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds.**

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date October 22, 2010

Signature /s/ Christodulos S Stavens  
**Christodulos S Stavens**  
**CEO**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

Kentuckiana Medical Center  
 Analysis of Payment Activity  
 First Tennessee Operating Account  
 FYE 12/31/09

Date	Check No.	Payable To	Description	Amount
8/15/2009	1171	Amy Hallal Henderson, MD	Physician 24 hour on call coverage	\$ 3,850.00
8/19/2009	1179	Eli R. Hallal, MD	Overnite Call / PPDs / PE's / Ofc Furniture	\$ 11,439.37
8/28/2009	1209	Amy Hallal Henderson, MD	Physician 24 hour on call coverage	\$ 6,450.00
8/28/2009	1210	David Britt, MD	Physician 24 hour on call coverage	\$ 1,300.00
9/4/2009	1224	Amy Hallal Henderson, MD	Physician 24 hour on call coverage	\$ 8,200.00
9/4/2009	1226	Eli R. Hallal, MD	Physician on call coverage/Employee Phys	\$ 6,925.00
9/6/2009	1233	Lawrence Rouben, MD	Physician on call coverage 8/28 & 9/3	\$ 2,600.00
9/12/2009	1250	Amy Hallal Henderson, MD	Overnite Call Physician Hours (30)	\$ 3,000.00
9/12/2009	1251	Eli R. Hallal, MD	Overnite Call Physician Hours (28)	\$ 2,800.00
9/20/2009	1270	Amy Hallal Henderson, MD	On call physician hours - 41.5	\$ 4,150.00
9/20/2009	1269	Eli R. Hallal, MD	On call physician hours - 15 hrs.	\$ 1,500.00
9/25/2009	1297	Brian Paradowski, MD	On call hours 9-4, 9-11 (26 hours)	\$ 2,600.00
9/25/2009	1296	David Britt, MD	On call hours 9-10, 9-13, 9-18 (39 hours)	\$ 3,900.00
9/30/2009	1311	Amy Hallal Henderson, MD	Overnight call hours 9-20, 9-21, 9-24	\$ 3,900.00
9/30/2009	1312	Eli R. Hallal, MD	Overnight call hours 9-19, 9-23, PE	\$ 3,785.00
10/3/2009	1323	Amy Hallal Henderson, MD	Overnight call hours - 9/26, 9/29, 10/1	\$ 4,500.00
10/7/2009	1332	George T. Alcorn, MD	On Call hours 9-15, 9-22 (24.5 hrs)	\$ 2,450.00
10/9/2009	1341	Eli R. Hallal, MD	On call hours - 51, PE \$85	\$ 5,185.00
10/10/2009	1342	Amy Hallal Henderson, MD	On call hours - 15, 10-3-09	\$ 1,500.00
10/17/2009	1365	Amy Hallal Henderson, MD	Physician on call hours 10-10,10-12,10-14 (43)	\$ 4,300.00
10/17/2009	1364	Brian Paradowski, MD	Physician on call hours 10-2 (13 hrs)	\$ 1,300.00
10/17/2009	1363	David Britt, MD	Physician on call hours 10-8, 10-9 (26 hrs)	\$ 2,600.00
10/31/2009	1411	Amy Hallal Henderson, MD	Physician on call hours 10/20, 10/26, 10/28	\$ 3,900.00
10/31/2009	1414	Brian Paradowski, MD	Physician on call hours 10/17	\$ 1,300.00
10/31/2009	1413	David Britt, MD	Physician on call hours 10/16, 10/21	\$ 2,600.00
10/31/2009	1412	Eli R. Hallal, MD	Physician on call hours 10/11,15, 18, 19, 25, 27	\$ 7,540.00
11/19/2009	1440	Amy Hallal Henderson, MD	Physician on call hours (65) Nov. 1 - 17	\$ 6,500.00
11/19/2009	1441	Eli R. Hallal, MD	Physician on call hours (48) Nov. 13 - 18	\$ 4,800.00
11/21/2009	1447	Brian Paradowski, MD	Physician On Call Hours - 10-30, 11-7	\$ 2,600.00
11/21/2009	1446	David Britt, MD	Physician On Call Hours - 10-31, 11-5, 11-6	\$ 4,000.00
12/4/2009	1452	Amy Hallal Henderson, MD	Physician On Call Hours Nov. 17,21,23 & 30	\$ 5,500.00
12/4/2009	1453	Brian Paradowski, MD	Physician On Call Hours Nov. 28	\$ 1,300.00
12/4/2009	1455	Eli R. Hallal, MD	Physic On Call Hours Nov. 22,24,29, Dec. 1,2, 3	\$ 7,200.00
12/23/2009	1464	Amy Hallal Henderson, MD	Physician On Call Hours 12-4, 10, 13 & 15	\$ 5,500.00
<b>Total:</b>				<b>\$ 140,974.37</b>

Investors	Percentage of Ownership
C. Stavens	12.37%
E. Hallal	14.43%
J Campbell	5.15%
G. Alcorn	5.15%
R. Karman	3.30%
M. Stikovac	5.15%
J. McConnell	2.27%
L. Rouben	3.09%
C. Oates	3.09%
D. Raleigh	5.15%
E. Giles, Sr	3.09%
T. Eckert	2.06%
J. Hategan	2.06%
A. Digenis	2.06%
J. Melo	4.12%
L. Mattingly	1.03%
S. Garimella	
J. Rumisek	5.15%
D. Berry	2.06%
S. Glisson	2.58%
A. Buridi	1.03%
S. Raza Kaqhi	1.03%
D. Britt	1.37%
A. Henderson	1.03%
B. Paradowski	1.37%
K. Carter	1.37%
R. Rahman	1.03%
M Chamberlin	0.21%
W. Shaikun	0.21%
Z. Khan	0.21%
A. Sharma	1.03%
H. Hoover	
E. Brockman	
S. Hussein	2.06%
R. Larocca	2.58%
B. Thornton	2.06%
<b>Totals</b>	<b>100.00%</b>

B6A (Official Form 6A) (12/07)

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total >	<b>0.00</b>	(Total of this page)
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Total >	<b>0.00</b>
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(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



B6B (Official Form 6B) (12/07)

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Sunorah Grille petty cash</b>	-	<b>200.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Operating acct - First Tenn Bank</b>	-	<b>488,530.00</b>
		<b>Checking acct - First Financial Bank</b>	-	<b>71,155.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Duke Energy</b>	-	<b>23,000.00</b>
		<b>Diversified Lending</b>	-	<b>707,000.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>General liability policy w/Columbia Casualty</b>	-	<b>Unknown</b>
		<b>Hospital professional policy w/Columbia Casualty</b>	-	<b>Unknown</b>
		<b>Automobile liability policy w/Columbia Casualty</b>	-	<b>Unknown</b>
		<b>Umbrella policy w/Columbia Casualty</b>	-	<b>Unknown</b>
		<b>Workers comp policy w/United Wisconsin</b>	-	<b>Unknown</b>

Sub-Total > **1,289,885.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property



B6B (Official Form 6B) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		<b>Crime policy w/Federal Insurance</b>	-	<b>Unknown</b>
		<b>Property policy w/Federal Insurance</b>	-	<b>Unknown</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>A/R (\$7,173,472x33% collectible)</b>	-	<b>2,367,245.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Medicare due Debtor</b>	-	<b>59,769.00</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
			Sub-Total >	<b>2,427,014.00</b>
			(Total of this page)	

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Possible claims against First Tenn Bank</b>	-	<b>Unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.		<b>Indiana Hospital License</b>	-	<b>Unknown</b>
		<b>Medicare &amp; Medicaid Certification</b>	-	<b>Unknown</b>
		<b>HFAP Accreditation</b>	-	<b>Unknown</b>
		<b>Controlled Substance Registration Certification</b>	-	<b>Unknown</b>
		<b>Indianan Pharmacy License</b>	-	<b>Unknown</b>
		<b>Clinical Laboratory Certification</b>	-	<b>Unknown</b>
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office &amp; misc furnishings</b>	-	<b>400,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>Medical equipment</b>	-	<b>5,200,000.00</b>
30. Inventory.		<b>Inventory</b>	-	<b>180,000.00</b>
			Sub-Total >	<b>5,780,000.00</b>
			(Total of this page)	

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Kentuckiana Medical Center LLCCase No. 10-93039-BHL

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)  
Total > **9,496,899.00**

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

B6D (Official Form 6D) (12/07)

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>Security Agreement</b>					
<b>Branch Bank &amp; Trust Co c/o Mary Fullington Esq 250 W Main St Ste 1600 Lexington, KY 40507</b>		-	<b>General intangibles</b>			X		
			Value \$ <b>Unknown</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.			<b>Security Agreement</b>					
<b>Cardinal Health Attn: Denene Byrd 7000 Cardinal Place Dublin, OH 43017</b>		-	<b>Inventory</b>					
			Value \$ <b>180,000.00</b>				<b>577,166.00</b>	<b>397,166.00</b>
Account No.			<b>Matrix only</b>					
<b>Citizens Union Bank of Shelbyville Inc c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>		-						
			Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.			<b>Lease/finance agreement</b>					
<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>	X	-	<b>Equipment</b>					
			Value \$ <b>3,927,996.99</b>				<b>4,900,000.00</b>	<b>972,003.01</b>
Subtotal (Total of this page)							<b>5,477,166.00</b>	<b>1,369,169.01</b>

2 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			<b>Blanket lien</b>					
<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>	<b>X</b>	<b>-</b>	<b>All assets</b>			<b>X</b>		
			Value \$ <b>2,800,000.00</b>				<b>5,000,000.00</b>	<b>2,200,000.00</b>
Account No.			<b>per UCC filing</b>					
<b>Gordon Food Services Inc POB 1787 333 50th Street Grand Rapids, MI 49501</b>		<b>-</b>						
			Value \$ <b>Unknown</b>				<b>Unknown</b>	<b>Unknown</b>
Account No.			<b>Lease/finance agreement</b>					
<b>Johnson &amp; Johnson Finance Corp 501 George St New Brunswick, NJ 08901</b>		<b>-</b>	<b>Sterrad sterilizer equipment</b>					
			Value \$ <b>86,000.00</b>				<b>104,000.00</b>	<b>18,000.00</b>
Account No.			<b>Lease/finance agreement</b>					
<b>MedOne Capital Attn: Mark Stevens 10712 S 1300 East Sandy, UT 84094</b>		<b>-</b>	<b>Medical beds and stretchers</b>					
			Value \$ <b>300,000.00</b>				<b>1,243,368.00</b>	<b>943,368.00</b>
Account No.			<b>Lease/finance agreement</b>					
<b>Olympus America Inc 3500 Corporate Pkwy Center Valley, PA 18034</b>		<b>-</b>	<b>Endoscopy and OR equipment</b>					
			Value \$ <b>75,000.00</b>				<b>155,137.43</b>	<b>80,137.43</b>
Subtotal							<b>6,502,505.43</b>	<b>3,241,505.43</b>
(Total of this page)								

Sheet 1 of 2 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Kentuckiana Medical Center LLCCase No. 10-93039-BHL

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E	D E B T O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.				<b>Matrix only</b>					
<b>Peoples Bank of Marion, Kentucky c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>			-						
				Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.				<b>Matrix only</b>					
<b>Republic Bank 601 W Market St Ste 400 Louisville, KY 40202</b>			-						
				Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.				<b>Finance agreement</b>					
<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>			X -	<b>OR &amp; anesthesiology equipment</b>					
				Value \$ <b>250,000.00</b>				<b>674,211.95</b>	<b>424,211.95</b>
Account No.				<b>Matrix only</b>					
<b>Suntrust Bank Attn: Cindy Scurry 303 Peachtree St NE GA-ATL 1802 2nd FI Atlanta, GA 30308</b>			-						
				Value \$ <b>0.00</b>				<b>0.00</b>	<b>0.00</b>
Account No.				<b>Lease/finance agreement</b>					
<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>			X -	<b>Equipment</b>			X		
				Value \$ <b>600,000.00</b>				<b>2,890,405.84</b>	<b>2,290,405.84</b>
Subtotal								<b>3,564,617.79</b>	<b>2,714,617.79</b>
(Total of this page)									
Total								<b>15,544,289.22</b>	<b>7,325,292.23</b>
(Report on Summary of Schedules)									

Sheet 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
<b>Internal Revenue Service POB 21126 Philadelphia, PA 19114</b>		-	<b>W/H taxes</b>					<b>0.00</b>
							<b>81,434.63</b>	<b>81,434.63</b>
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							<b>81,434.63</b>	<b>0.00</b> <b>81,434.63</b>
Total (Report on Summary of Schedules)							<b>81,434.63</b>	<b>0.00</b> <b>81,434.63</b>

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims



B6F (Official Form 6F) (12/07)

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>3M</b> <b>2807 Paysherer Cir</b> <b>Chicago, IL 60674</b>		-					<b>59,067.39</b>
Account No.  <b>A-Tech Mechanical LLC</b> <b>910 Ulrich Dr</b> <b>Louisville, KY 40219</b>		-					<b>2,349.07</b>
Account No.  <b>Abbott Vascular Devices</b> <b>75 Remittance Dr St 1138</b> <b>Chicago, IL 60675</b>		-					<b>23,970.00</b>
Account No.  <b>Abdul G Buridi</b> <b>9815 White Blossom Blvd</b> <b>Louisville, KY 40241</b>		-					<b>Unknown</b>
Subtotal (Total of this page)							<b>85,386.46</b>

45 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>ACF Services</b> <b>11206 Ampere Ct</b> <b>Louisville, KY 40299</b>	-						<b>643.43</b>
Account No.							
<b>Acton LAsar Services LLC</b> <b>5520 Featherlingill Rd</b> <b>Greenville, IN 47124</b>	-						<b>800.00</b>
Account No.							
<b>Aesculap Inc</b> <b>POB 512451</b> <b>Philadelphia, PA 19172-2451</b>	-						<b>155,107.00</b>
Account No.							
<b>Air Advantage</b> <b>405 Greenbriar Rd</b> <b>Eads, TN 38028</b>	-						<b>365.00</b>
Account No.							
<b>Airgas Mid America</b> <b>POB 802615</b> <b>Chicago, IL 60680</b>	-						<b>2,268.61</b>
Sheet no. <u>1</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>159,184.04</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Alexander G Digenis 4100 Buttonbush Meadow Ct Louisville, KY 40241</b>	-					<b>Unknown</b>
Account No.						
<b>Aligned Medical Solutions 201 Pierce St Ste 205 Sioux City, IA 51101</b>	-					<b>192.87</b>
Account No.						
<b>Alimed Inc POB 9135 Dedham, MA 02026</b>	-					<b>1,497.97</b>
Account No.						
<b>American Ice Machines 4510 W Harry St POB 771256 Wichita, KS 67209</b>	-					<b>379.80</b>
Account No.						
<b>American Red Cross POB 73013 Chicago, IL 60673</b>	-					<b>18,277.17</b>
Sheet no. <b>2</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>20,347.81</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>American Solutions</b> <b>NW7794</b> <b>POB 1450</b> <b>Minneapolis, MN 55485</b>	-						<b>572.46</b>
Account No.							
<b>Amy Hallal Henderson</b> <b>1210 Knob Ave</b> <b>New Albany, IN 47150</b>	-						<b>Unknown</b>
Account No.							
<b>Angiodynamics</b> <b>POB 1549</b> <b>Albany, NY 12201-1549</b>	-						<b>993.20</b>
Account No.							
<b>Angiotech</b> <b>3600 SW 47th Ave</b> <b>Gainesville, FL 32608</b>	-						<b>976.24</b>
Account No.							
<b>Anil K Sharma</b> <b>7610 Beech Spring Farm Blvd</b> <b>Louisville, KY 40241</b>	-						<b>Unknown</b>
Sheet no. <u>3</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,541.90</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Aramark POB 0903 Carol Stream, IL 60132</b>	-						<b>1,059.27</b>
Account No.							
<b>Aramark Refreshment Svcs 3600 Chamerlain Ln #202 Louisville, KY 40241</b>	-						<b>1,262.33</b>
Account No.							
<b>Aramark Uniform Services 24434 Network Place Chicago, IL 60673</b>	-						<b>72,148.80</b>
Account No.							
<b>Arrow Intl Inc POB 60519 Charlotte, NC 28260</b>	-						<b>1,011.51</b>
Account No.							
<b>Arrow Services POB 36215 Louisville, KY 40233</b>	-						<b>11,336.73</b>
Sheet no. <b>4</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>86,818.64</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>ASD Healthcare POB 848104 Dallas, TX 75284-8104</b>	-						<b>13,804.96</b>
Account No.							
<b>Associated Purch Svcs 7015 College Blvd Ste 150 Leawood, KS 66211</b>	-						<b>3,492.00</b>
Account No.							
<b>Beach Building attn: William Beach 7503 Skyline Dr Floyds Knobs, IN 47119</b>	-						<b>100,000.00</b>
Account No.							
<b>Beaconmedaes POB 601452 Charlotte, NC 28260</b>	-						<b>71.74</b>
Account No.							
<b>Beck Reed Riden LLP Attn: Russell Beck 99 Summer Street Ste 1600 Boston, MA 02110</b>	-						<b>Unknown</b>
Sheet no. <u>5</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>117,368.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Kentuckiana Medical Center LLCCase No. 10-93039-BHL

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Bio Rad Laboratories Clinical Diag Group Dept 9740 Los Angeles, CA 90084</b>	-						<b>5,503.59</b>
Account No.							
<b>Biotronik Inc 6024 Jean Rd Lake Oswego, OR 97035</b>	-						<b>315,599.00</b>
Account No.							
<b>Black Diamond Pest Control 3715 Charlestown Rd New Albany, IN 47150</b>	-						<b>65.00</b>
Account No.							
<b>BMA Louisville POB 101518 Atlanta, GA 30392</b>	-						<b>8,200.00</b>
Account No.							
<b>Boston Scientific Corp POB 951653 Dallas, TX 75395-1653</b>	-						<b>4,636.89</b>
Sheet no. <u>6</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>334,004.48</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Boston Scientific Corp</b> <b>POB 951653</b> <b>Dallas, TX 75395</b>	-					<b>174,590.56</b>
Account No.						
<b>Bracco Diagnostics</b> <b>107 Colledge Rd E</b> <b>Princeton, NJ 08540</b>	-					<b>114.00</b>
Account No.		<b>Matrix Only</b>				
<b>Branch Bank &amp; Trust Co</b> <b>Attn: Michelle Holwerda</b> <b>2600 Eastpointe Pkwy Ste 103</b> <b>Louisville, KY 40223</b>	-					<b>Unknown</b>
Account No.						
<b>Brian J Paradowski</b> <b>3001 Old Tay Bridge</b> <b>Jeffersonville, IN 47130</b>	-					<b>Unknown</b>
Account No.						
<b>Brian Thorton</b> <b>640 S 2nd St #3</b> <b>Louisville, KY 40202</b>	-					<b>Unknown</b>
Sheet no. <u>7</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal</b> (Total of this page)
						<b>174,704.56</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Bryan Corporation</b> <b>4 Plympton St</b> <b>Woburn, MA 01801-2996</b>		-				<b>2,185.00</b>
Account No.						
<b>Bulter County Printing</b> <b>118 W Pine</b> <b>POB 103</b> <b>El Dorado, KS 67042</b>		-				<b>1,808.49</b>
Account No.						
<b>Business Health Plus</b> <b>1615 Blackiston View Dr</b> <b>Clarksville, IN 47129</b>		-				<b>675.00</b>
Account No.						
<b>Bytespeed LLC</b> <b>POB 2278</b> <b>Fargo, ND 58108</b>		-				<b>748.00</b>
Account No.						
<b>C&amp;G Technologies Inc</b> <b>6209 Gheen Mill Rd</b> <b>Jeffersonville, IN 47130</b>		-				<b>24,075.00</b>
Sheet no. <u>8</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>29,491.49</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Cardinal Health Pharm</b> <b>5042 Collection Ct D</b> <b>Chicago, IL 60693</b>	-						<b>61,345.52</b>
Account No.							
<b>Cardinal Health Tech</b> <b>100 E Chestnut Ave</b> <b>Westmont, IL 60559</b>	-						<b>4,756.17</b>
Account No.							
<b>Cardinal Uniforms &amp; Scrubs</b> <b>149 Quartermaster Ct</b> <b>Jeffersonville, IN 47130</b>	-						<b>3,861.17</b>
Account No.							
<b>Cardiovascular Hospitals of America</b> <b>c/o David L Phillips Esq</b> <b>9350 E 35th St North Ste 104</b> <b>Wichita, KS 67226</b>	-						<b>1,800,000.00</b>
Account No.							
<b>Cardiovascular Systems</b> <b>651 Campus Dr</b> <b>Saint Paul, MN 55112</b>	-						<b>11,318.45</b>
Sheet no. <u>9</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>1,881,281.31</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Carefusion Solutions LLC</b> <b>Lockbox #771952</b> <b>1952 Solutions Ctr</b> <b>Chicago, IL 60677-1009</b>		-				<b>8,507.57</b>
Account No.						
<b>Carstens</b> <b>POB 99110</b> <b>IL 60683</b>		-				<b>605.82</b>
Account No.						
<b>Cerner Corporation</b> <b>POB 712702</b> <b>Kansas City, MO 64141</b>		-				<b>896,588.35</b>
Account No.						
<b>Charles Oates</b> <b>220 Choctaw Rd</b> <b>Louisville, KY 40207</b>		-				<b>Unknown</b>
Account No.						
<b>Check-Med Systems</b> <b>200 Grandview Ave</b> <b>Camp Hill, PA 17011</b>		-				<b>212.65</b>
Sheet no. <b>10</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>905,914.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Christodulos Stavens</b> <b>12355 Forest School Rd</b> <b>Louisville, KY 40223</b>	-					<b>Unknown</b>
Account No.						
<b>Commonwealth X-ray Inc</b> <b>104 Eisenhower Ct</b> <b>POB 0825</b> <b>Nicholasville, KY 40340</b>	-					<b>332.89</b>
Account No.						
<b>Community Home Medical</b> <b>POB 355</b> <b>Jeffersonville, IN 47131</b>	-					<b>267.50</b>
Account No.						
<b>Comprehensive</b> <b>POB 3171</b> <b>South Hackensack, NJ 07606</b>	-					<b>23.10</b>
Account No.						
<b>Conway MacKenzie Inc</b> <b>Attn: Joseph M Geraguty</b> <b>109 N Main St 500 Performance Place</b> <b>Dayton, OH 45402</b>	-					<b>10,000.00</b>
Sheet no. <u>11</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>10,623.49</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Cook Medical Inc</b> <b>22988 Network Place</b> <b>Chicago, IL 60673</b>	-						<b>8,559.67</b>
Account No.							
<b>CR Bard Access Systems</b> <b>POB 75767</b> <b>Charlotte, NC 28275</b>	-						<b>11,644.62</b>
Account No.							
<b>CR Bard Davol</b> <b>POB 75767</b> <b>Charlotte, NC 28275</b>	-						<b>8,529.16</b>
Account No.							
<b>CT Corporation</b> <b>POB 4349</b> <b>Carol Stream, IL 60197</b>	-						<b>348.00</b>
Account No.							
<b>Culligan Water Systems</b> <b>490 N Clark Blvd</b> <b>Clarksville, IN 47129</b>	-						<b>2,451.95</b>
Sheet no. <b>12</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>31,533.40</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Darling Intl Inc</b> <b>POB 671401</b> <b>Dallas, TX 75267</b>	-					<b>917.00</b>
Account No.						
<b>Data Innovations Inc</b> <b>120 Kimball Ave Ste 100</b> <b>South Burlington, VT 05403</b>	-					<b>3,595.50</b>
Account No.						
<b>Datcard Systems</b> <b>7 Goodyear</b> <b>Irvine, CA 92618</b>	-					<b>293.97</b>
Account No.						
<b>Daves &amp; Kelly Inc</b> <b>POB 14748</b> <b>Louisville, KY 40214</b>	-					<b>1,100.00</b>
Account No.						
<b>David Berry</b> <b>6001 O'Possum Trot Rd</b> <b>Charlestown, IN 47111</b>	-					<b>Unknown</b>
Sheet no. <b>13</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>5,906.47</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>David Britt</b> <b>4533 Southern Pkwy</b> <b>Louisville, KY 40214</b>	-						<b>Unknown</b>
Account No.							
<b>Denis P Ralieg</b> <b>3711 Norbourne Blvd</b> <b>Louisville, KY 40207</b>	-						<b>Unknown</b>
Account No.							
<b>Dietary Consultants Inc</b> <b>229 Churchill Dr</b> <b>Richmond, KY 40475</b>	-						<b>3,420.00</b>
Account No.							
<b>Door Equipment Co Inc</b> <b>2518 Data Dr</b> <b>Louisville, KY 40299</b>	-						<b>225.50</b>
Account No.							
<b>Dove Data Products</b> <b>1819 Range Way</b> <b>Florence, SC 29502</b>	-						<b>1,343.79</b>
Sheet no. <b>14</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>4,989.29</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Drager Medical Inc</b> <b>3135 Quarry Rd</b> <b>Telford, PA 18969</b>	-					<b>22,109.14</b>
Account No.						
<b>Ecolab Food Safety</b> <b>Specialties</b> <b>24198 Network Place</b> <b>Chicago, IL 60673</b>	-					<b>219.74</b>
Account No.						
<b>Edwards Lifesciences</b> <b>23146 Network Place</b> <b>Chicago, IL 60673</b>	-					<b>405.87</b>
Account No.						
<b>Ekos Corporation</b> <b>11911 N Creek Pkwy S</b> <b>Bothell, WA 98011</b>	-					<b>3,097.65</b>
Account No.						
<b>Eli R Hallal</b> <b>109 Brand Wynne Ln</b> <b>New Albany, IN 47150</b>	-					<b>Unknown</b>
Sheet no. <b>15</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>25,832.40</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Endologix Inc</b> <b>11 Studeabaker</b> <b>Irvine, CA 92618</b>	-						<b>99,644.10</b>
Account No.							
<b>Eugene Giles</b> <b>8400 Spruce Hill Rd</b> <b>Prospect, KY 40059</b>	-						<b>Unknown</b>
Account No.							
<b>EV3 Inc</b> <b>1475 Payshere Circle</b> <b>Chicago, IL 60674</b>	-						<b>27,297.00</b>
Account No.							
<b>FedEx</b> <b>POB 94515</b> <b>Palatine, IL 60094</b>	-						<b>50.00</b>
Account No.							
<b>Fine Signs Graphics</b> <b>3099 Blackiston Mill Rd</b> <b>New Albany, IN 47150</b>	-						<b>203.30</b>
Sheet no. <u>16</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>127,194.40</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Floyd Memorial Hospital and Health Services 1850 State St New Albany, IN 47150</b>	-					<b>23,972.00</b>
Account No.						
<b>Fresenius Medical Care BMA Louisville POB 101518 Atlanta, GA 30392-1518</b>	-					<b>2,800.00</b>
Account No.						
<b>GE Healthcare POB 640200 Pittsburgh, PA 15264-0200</b>	-					<b>9,370.45</b>
Account No.						
<b>Genesee Biomedical Inc 1308 S Jason St Denver, CO 80223</b>	-					<b>1,890.93</b>
Account No.						
<b>George L Alcorn 730 W Main St Madison, IN 47250</b>	-					<b>Unknown</b>
Sheet no. <u>17</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>38,033.38</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Grainger</b> <b>Dept 876753955</b> <b>Palatine, IL 60038</b>	-						<b>151.58</b>
Account No.							
<b>Greater Lou Medical Society</b> <b>101 W Chestnut St</b> <b>Louisville, KY 40202</b>	-						<b>707.62</b>
Account No.							
<b>Health Care Info Systems</b> <b>5010 S 118th St Ste 240</b> <b>Omaha, NE 68137</b>	-						<b>80.00</b>
Account No.							
<b>Health Care Logistics Inc</b> <b>POB 25</b> <b>Circleville, OH 43113-0400</b>	-						<b>65.74</b>
Account No.							
<b>Healthcare Practice Consultants LLC</b> <b>Attn: Paulita Keith</b> <b>3220 Office Pointe Place Ste 100</b> <b>Louisville, KY 40220</b>	-						<b>15,000.00</b>
Sheet no. <b>18</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>16,004.94</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Heathland</b> <b>Dept Ch 17945</b> <b>Palatine, IL 60055</b>	-						<b>48,463.44</b>
Account No.							
<b>Heme Management</b> <b>8625 Oakmont Dr</b> <b>Lincoln, NE 68526</b>	-						<b>293,357.71</b>
Account No.							
<b>Hill Rom Co In</b> <b>POB 643592</b> <b>Pittsburgh, PA 15264</b>	-						<b>3,787.25</b>
Account No.							
<b>HMC Service Co</b> <b>863082 Reliable Pkwy</b> <b>Chicago, IL 60686</b>	-						<b>1,437.72</b>
Account No.							
<b>Home Depot</b> <b>1000 E Hwy 131</b> <b>Clarksville, IN 47129</b>	-						<b>12.70</b>
Sheet no. <u>19</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>347,058.82</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Hospria Worldwide Inc</b> <b>75 Remittance Dr Ste 6136</b> <b>Chicago, IL 60675-6136</b>	-						<b>11,121.10</b>
Account No.							
<b>HS Medical Inc</b> <b>6600 W Rogers Circle Ste 1</b> <b>Boca Raton, FL 33487</b>	-						<b>415.00</b>
Account No.							
<b>Idev Technologies Inc</b> <b>253 Medical Center Blvd</b> <b>Webster, TX 77598</b>	-						<b>41,000.00</b>
Account No.							
<b>Imaging Alliance</b> <b>Dept 8054</b> <b>Carol Stream, IL 60122-8054</b>	-						<b>186.00</b>
Account No.							
<b>Indiana American Water</b> <b>POB 94551</b> <b>Palatine, IL 60094</b>	-						<b>451.92</b>
Sheet no. <b>20</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>53,174.02</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Innerspace Strategies Inc</b> <b>1165 Brock McVey Dr</b> <b>Lexington, KY 40509</b>	-						<b>360.00</b>
Account No.							
<b>Inrad Inc</b> <b>POB 1797</b> <b>Holland, MI 49422</b>	-						<b>302.00</b>
Account No.							
<b>Intec Building Services</b> <b>POB 18706</b> <b>Louisville, KY 40261</b>	-						<b>70,854.00</b>
Account No.							
<b>Intec Supply Co</b> <b>POB 18706</b> <b>Louisville, KY 40261</b>	-						<b>19,198.77</b>
Account No.							
<b>Integra Lifesciences Corp</b> <b>POB 404129</b> <b>Atlanta, GA 30384-4129</b>	-						<b>17,583.81</b>
Sheet no. <b>21</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>108,298.58</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Interstate Imaging POB 144 810 N Fares Ave Evansville, IN 47701</b>	-						<b>1,509.81</b>
Account No.							
<b>ISC Kentucky 12305 Westport Rd Ste 1 Louisville, KY 40245</b>	-						<b>397.50</b>
Account No.							
<b>J&amp;J Health Care Systems POB 406663 Atlanta, GA 30384</b>	-						<b>6,228.83</b>
Account No.							
<b>J&amp;J Health Care Systems POB 406663 Atlanta, GA 30384</b>	-						<b>7,071.18</b>
Account No.							
<b>J&amp;J Health Care Systems POB 406663 Atlanta, GA 30384</b>	-						<b>14,160.99</b>
Sheet no. <b>22</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>29,368.31</b>

Case No. 10-93039-BHL

(Continuation Sheet)

### Best Case Bankruptcy



B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
<b>Julio Melo</b> <b>8516 Chefield Dr</b> <b>Louisville, KY 40222</b>		-					<b>Unknown</b>
Account No.							
<b>Keith B Carter</b> <b>3901 Windham Pkwy</b> <b>Prospect, KY 40059</b>		-					<b>Unknown</b>
Account No.			<b>Matrix only</b>				
<b>Kentuckiana Investors LLC</b> <b>250 E Liberty St Ste 1001</b> <b>Louisville, KY 40202</b>		-					<b>Unknown</b>
Account No.							
<b>Klein Bros Safe &amp; Lock</b> <b>1101 W Broadway</b> <b>Louisville, KY 40203</b>		-					<b>368.44</b>
Account No.							
<b>KMC Real Estate Investors LLC</b> <b>250 E Liberty St Ste 101</b> <b>Louisville, KY 40202</b>		-					<b>2,700,000.00</b>
Sheet no. <b>24</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>2,700,368.44</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Koetter POB 2142 New Albany, IN 47151-2142</b>	-						<b>12,333.55</b>
Account No.							
<b>Koven Technology Inc 12125 Woodcrest Exec Ste 320 Saint Louis, MO 63141</b>	-						<b>1,093.00</b>
Account No.							
<b>Krons Fire Protection POB 174 New Albany, IN 47150</b>	-						<b>1,420.00</b>
Account No.							
<b>Laboratory Corp of America Holdings POB 12140 Burlington, NC 27216-2140</b>	-						<b>20,578.81</b>
Account No.							
<b>Laboratory Corp of America Holdings POB 12140 Burlington, NC 27216-2140</b>	-						<b>59,798.23</b>
Sheet no. <b>25</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>95,223.59</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Lamaitre Vascular</b> <b>POB 533177</b> <b>Charlotte, NC 28290</b>	-						<b>13,450.33</b>
Account No.							
<b>Landauer Inc</b> <b>POB 809051</b> <b>Chicago, IL 60680</b>	-						<b>1,113.77</b>
Account No.							
<b>Lantheus</b> <b>Medical Imaging Inc</b> <b>331 Treble Cove Rd</b> <b>North Billerica, MA 01862</b>	-						<b>908.00</b>
Account No.							
<b>Lawn Cure</b> <b>500 Progress Way</b> <b>POB 558</b> <b>Sellersburg, IN 47172</b>	-						<b>380.92</b>
Account No.							
<b>Lawrence R Rouben</b> <b>5819 Orin Rd</b> <b>Louisville, KY 40222</b>	-						<b>Unknown</b>
Sheet no. <b>26</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>15,853.02</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Leslie Strouse Mattingly</b> <b>2047 South Road 135</b> <b>Salem, IN 47167</b>	-					<b>Unknown</b>
Account No.						
<b>Lowes Home Improvement</b> <b>1000 Lowes Blvd</b> <b>Mooreville, NC 28117</b>	-					<b>347.67</b>
Account No.						
<b>Mallinckrodt Inc</b> <b>POB 730356</b> <b>Dallas, TX 75373</b>	-					<b>883.31</b>
Account No.						
<b>Maquet Cardiovascular LLC</b> <b>3615 Solution Center</b> <b>Chicago, IL 60677-3006</b>	-					<b>7,354.00</b>
Account No.						
<b>Markertek</b> <b>1 Tower Dr</b> <b>Saugerties, NY 12477</b>	-					<b>188.88</b>
Sheet no. <b>27</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>8,773.86</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Medafor Inc</b> <b>2700 Freeway Blvd Ste 800</b> <b>Minneapolis, MN 55430</b>	-						<b>3,686.45</b>
Account No.							
<b>Medi-Dose Inc</b> <b>70 Industrial Dr</b> <b>Warminster, PA 18974</b>	-						<b>133.77</b>
Account No.							
<b>Medline Industries Inc</b> <b>POB 3820775</b> <b>Pittsburgh, PA 15251</b>	-						<b>2,298.56</b>
Account No.							
<b>Medtronic USA Inc</b> <b>4642 Collection Ctr</b> <b>Chicago, IL 60693</b>	-						<b>101,702.09</b>
Account No.							
<b>Megadyne Medical Product</b> <b>11506 S State St</b> <b>Draper, UT 84020</b>	-						<b>11,353.58</b>
Sheet no. <b>28</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>119,174.45</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Mentor Corp</b> <b>201 Mentor Dr</b> <b>Santa Barbara, CA 93111</b>	-						<b>2,807.42</b>
Account No.							
<b>Merit Medical Systems</b> <b>POB 951129</b> <b>South Jordan, UT 84095</b>	-						<b>4,214.83</b>
Account No.							
<b>Midwest Medical Inc</b> <b>2800 Circleport Dr</b> <b>Erlanger, KY 41018</b>	-						<b>286.50</b>
Account No.							
<b>Mio M Stikovac</b> <b>7211 Doe Crest Ct</b> <b>Prospect, KY 40059</b>	-						<b>Unknown</b>
Account No.							
<b>Mortart Instrument Inc</b> <b>POB 68-5053</b> <b>Milwaukee, WI 53268</b>	-						<b>239.55</b>
Sheet no. <b>29</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>7,548.30</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>MSI Systems Inegrators</b> <b>POB 30127</b> <b>Omaha, NE 68103</b>	-						<b>8,648.67</b>
Account No.							
<b>Mustaque Junega MD</b> <b>200 E Chestnut St</b> <b>Louisville, KY 40202</b>	-						<b>500,000.00</b>
Account No.							
<b>Mycareernetwork</b> <b>9300 Shelbyville Rd Ste 600</b> <b>Louisville, KY 40222</b>	-						<b>9,717.75</b>
Account No.							
<b>Norton Healthcare</b> <b>POB 35070 N-52</b> <b>Louisville, KY 40232-5070</b>	-						<b>868.95</b>
Account No.							
<b>Oates Flag Co</b> <b>10951 Electron Dr</b> <b>Louisville, KY 40299</b>	-						<b>64.74</b>
Sheet no. <b>30</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>519,300.11</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Office Depot</b> <b>POB 88040</b> <b>Chicago, IL 60680</b>	-						<b>3,499.36</b>
Account No.							
<b>Ohio Valley Hood &amp; Duct Cleaning</b> <b>POB 1312</b> <b>Jeffersonville, IN 47131</b>	-						<b>425.00</b>
Account No.							
<b>Olympus America Inc</b> <b>500 Ross St</b> <b>Pittsburgh, PA 15250</b>	-						<b>30,909.22</b>
Account No.							
<b>Orr Safety Corp</b> <b>1266 Reliable Pkwy</b> <b>Chicago, IL 60686</b>	-						<b>44.72</b>
Account No.							
<b>Pathway Medical Techonolgy</b> <b>10801 120th Ave NE</b> <b>Kirkland, WA 98033</b>	-						<b>3,675.45</b>
Sheet no. <b>31</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>38,553.75</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>PepsiAmericas</b> <b>75 Remittance Dr Ste 1884</b> <b>Chicago, IL 60675</b>	-					<b>2,386.67</b>
Account No.						
<b>Periculum Capital Co</b> <b>Chase Town Circle</b> <b>111 Monument Ste 1022</b> <b>Indianapolis, IN 46204-5176</b>	-					<b>624.94</b>
Account No.						
<b>Philips Healthcare</b> <b>POB 406538</b> <b>Atlanta, GA 30384-6538</b>	-					<b>247.17</b>
Account No.						
<b>Pitney Bowes</b> <b>POB 856390</b> <b>Louisville, KY 40285</b>	-					<b>437.32</b>
Account No.						
<b>Prairie Farms Dairy Inc</b> <b>217 W Main</b> <b>POB 128</b> <b>Olney, IL 62450</b>	-					<b>1,524.62</b>
Sheet no. <b>32</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>5,220.72</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Printmaster</b> <b>POB 49320</b> <b>Wichita, KS 67201</b>	-						<b>1,565.33</b>
Account No.							
<b>ProSoft-Medantex</b> <b>POB 504782</b> <b>Saint Louis, MO 63150</b>	-						<b>16,776.08</b>
Account No.							
<b>Quantum Storage Systems</b> <b>15800 NW 15th Ave</b> <b>Miami, FL 33169</b>	-						<b>529.12</b>
Account No.							
<b>Quest Diagnostics</b> <b>POB 740709</b> <b>Atlanta, GA 30374</b>	-						<b>117,487.70</b>
Account No.							
<b>Reflex Graphics Inc</b> <b>1902 Campus Place Ste 11</b> <b>Louisville, KY 40299</b>	-						<b>553.31</b>
Sheet no. <b>33</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>136,911.54</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Renato Larocca</b> <b>2201 Goshen Ln</b> <b>Goshen, KY 40026</b>		-				<b>Unknown</b>
Account No.						
<b>Retail Data Systems of KS</b> <b>1809 S West St Ste 1</b> <b>Wichita, KS 67213</b>		-				<b>695.00</b>
Account No.						
<b>RMAC Surgical Inc</b> <b>2410 Tedlo St Unit 11</b> <b>Mississauga ONT O</b>		-				<b>1,790.25</b>
Account No.						
<b>Robert Karman</b> <b>20. Club Lane</b> <b>Louisville, KY 40207</b>		-				<b>Unknown</b>
Account No.						
<b>Roche Diagnostics Corp</b> <b>Dept AT 952243</b> <b>Atlanta, GA 31192-2243</b>		-				<b>12,561.22</b>
Sheet no. <b>34</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>15,046.47</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Rukshsana Rshman</b> <b>2408 Burning Tree Court</b> <b>Jeffersonville, IN 47130</b>		-					<b>Unknown</b>
Account No.							
<b>S&amp;J Lighting</b> <b>2316 Watterson Trail</b> <b>Louisville, KY 40299</b>		-					<b>562.35</b>
Account No.							
<b>Samer H Hussein</b> <b>1807 Glen Eagles Way</b> <b>La Grange, KY 40031</b>		-					<b>Unknown</b>
Account No.							
<b>Scroggins Information Services LLC</b> <b>200 Northland Blvd</b> <b>Cincinnati, OH 45249</b>		-					<b>1,528.94</b>
Account No.							
<b>Securitas Security Services USA Inc</b> <b>POB 403412</b> <b>Atlanta, GA 30384</b>		-					<b>42,288.16</b>
Sheet no. <b>35</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>44,379.45</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Seneca Medical Inc</b> <b>POB 636696</b> <b>Cincinnati, OH 45263</b>	-						<b>425,233.67</b>
Account No.							
<b>Sharn Anesthesia Inc</b> <b>POB 21666</b> <b>Tampa, FL 33622</b>	-						<b>127.79</b>
Account No.							
<b>Shawn Glisson</b> <b>805 Oxmoor Woods Pkwy</b> <b>Louisville, KY 40222</b>	-						<b>Unknown</b>
Account No.							
<b>Siemens H-Care Diagnostic</b> <b>POB 121102</b> <b>Dallas, TX 75312-1102</b>	-						<b>2,346.59</b>
Account No.							
<b>Siemens Medical Solutions USA Inc</b> <b>POB 7777 W3580</b> <b>Philadelphia, PA 19175</b>	-						<b>63,118.58</b>
Sheet no. <b>36</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>490,826.63</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Smith &amp; Nephew Inc Endoscopy</b> <b>POB 60333</b> <b>Charlotte, NC 28260</b>		-				<b>5,819.02</b>
Account No.						
<b>Spectranetics Corp</b> <b>Ste 4999 POC 12007</b> <b>Cheyenne, WY 82003</b>		-				<b>3,583.62</b>
Account No.						
<b>Spectrum Surgical</b> <b>4575 Hudson Dr</b> <b>Stow, OH 44224</b>		-				<b>1,588.76</b>
Account No.						
<b>St Johns Companies</b> <b>POB 51263</b> <b>Los Angeles, CA 90051</b>		-				<b>1,379.08</b>
Account No.						
<b>St Jude Medical Inc</b> <b>22400 Network Place</b> <b>Chicago, IL 60673</b>		-				<b>381,390.28</b>
Sheet no. <u>37</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>393,760.76</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>St Jude Medical Inc Cardiac</b> <b>22400 Network Place</b> <b>Chicago, IL 60673</b>	-						<b>40,181.39</b>
Account No.							
<b>Stemler Corp</b> <b>1101 Penn St</b> <b>Jeffersonville, IN 47130</b>	-						<b>305.00</b>
Account No.							
<b>Stericycle Inc</b> <b>POB 9001588</b> <b>Louisville, KY 40290</b>	-						<b>3,177.13</b>
Account No.							
<b>Steris Corp</b> <b>Lockbox #771652</b> <b>1652 Solution Center</b> <b>Chicago, IL 60677</b>	-						<b>5,062.29</b>
Account No.							
<b>Steves Producse Inc</b> <b>POB 99</b> <b>Lanesville, IN 47136</b>	-						<b>3,252.70</b>
Sheet no. <b>38</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>51,978.51</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Sunorah Hospital Management Svcs</b> <b>1058 N Bedford Ct</b> <b>Wichita, KS 67206</b>	-						<b>3,378.74</b>
Account No.							
<b>SWH Supply Co</b> <b>242 E Main St</b> <b>Louisville, KY 40202</b>	-						<b>111.50</b>
Account No.							
<b>Syed T Raza Kaqvi</b> <b>425 S Hubbards Ln #262</b> <b>Louisville, KY 40207</b>	-						<b>Unknown</b>
Account No.							
<b>Synovis Surgical</b> <b>NW 5577</b> <b>POB 1450</b> <b>Minneapolis, MN 55485-5577</b>	-						<b>1,538.30</b>
Account No.							
<b>Sysco Louisville</b> <b>POB 32470</b> <b>Louisville, KY 40232-2470</b>	-						<b>8,394.53</b>
Sheet no. <b>39</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>13,423.07</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Sysmex America Inc 39923 Treasury Ctr Chicago, IL 60694-9900</b>	-						<b>19,140.80</b>
Account No.							
<b>Taft Stettinius &amp; Hollister LLP Attn: James M Zimmerman Esq 425 Walnut St Ste 1800 Cincinnati, OH 45202</b>	-						<b>5,000.00</b>
Account No.							
<b>TASC POB 7098 Madison, WI 53707-7098</b>	-						<b>348.50</b>
Account No.							
<b>Taylor Enterprises of KY 1831 Taylor Ave Louisville, KY 40213</b>	-						<b>86.68</b>
Account No.							
<b>Terumo Medical Corp POB 281285 Atlanta, GA 30384-1285</b>	-						<b>8,882.97</b>
Sheet no. <b>40</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>33,458.95</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>The Courier Journal</b> <b>POB 740031</b> <b>525 W Broadway</b> <b>Louisville, KY 40201-7431</b>	-					<b>3,150.00</b>
Account No.						
<b>The Crito Group LLC</b> <b>c/o Frank N Gaeta, Esq.</b> <b>176 Federal Street</b> <b>Boston, MA 02110</b>	-			X		<b>Unknown</b>
Account No.						
<b>The Earthgrains Co</b> <b>POB 4412</b> <b>Bridgeton, MO 63044-0412</b>	-					<b>348.95</b>
Account No.						
<b>Thomas Eckert</b> <b>732 W Main St</b> <b>Madison, IN 47250</b>	-					<b>Unknown</b>
Account No.						
<b>Thomas Refrigeration Inc</b> <b>401 E Charlestown Ave</b> <b>Jeffersonville, IN 47130</b>	-					<b>205.00</b>
Sheet no. <b>41</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal</b> (Total of this page)
						<b>3,703.95</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
<b>Thomson Reuters</b> <b>6200 S Syracuse Way Ste 300</b> <b>Englewood, CO 80111-4740</b>	-						<b>2,640.23</b>
Account No.							
<b>Trianim Health Services</b> <b>8705 Reliable Pkwy</b> <b>Chicago, IL 60686-0087</b>	-						<b>7,558.91</b>
Account No.							
<b>Tropician Chilled Dsd</b> <b>POB 643106</b> <b>Pittsburgh, PA 15264</b>	-						<b>389.67</b>
Account No.							
<b>TX Medical</b> <b>7272 SW Durham Rd Ste 800</b> <b>Portland, OR 97224</b>	-						<b>4,175.00</b>
Account No.							
<b>Tyco Healthcare</b> <b>Mallinckrodt Inc</b> <b>POB 905835</b> <b>Charlotte, NC 28290-5835</b>	-						<b>1,625.00</b>
Sheet no. <b>42</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>16,388.81</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Tyler Mountian Water Co</b> <b>POB 849</b> <b>Nitro, WV 25143</b>	-					<b>48.00</b>
Account No.						
<b>Tyson Schwab Short &amp; Weiss PSC</b> <b>POB 950223</b> <b>Louisville, KY 40295</b>	-					<b>33.00</b>
Account No.						
<b>Universal Hospital Svcs</b> <b>SDS 12-0940</b> <b>POB 86</b> <b>Minneapolis, MN 55486</b>	-					<b>43,156.89</b>
Account No.						
<b>US Endoscopy</b> <b>5976 Heisley Rd</b> <b>Mentor, OH 44060</b>	-					<b>514.50</b>
Account No.						
<b>US Specialties</b> <b>2205 River Rd</b> <b>Louisville, KY 40206</b>	-					<b>173.00</b>
Sheet no. <b>43</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>43,925.39</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Voluforms</b> <b>POB 97</b> <b>Sellersburg, IN 47172</b>		-				<b>1,953.15</b>
Account No.						
<b>Walker Mechanical Contrs</b> <b>991 Logan ST</b> <b>POB 4728</b> <b>Louisville, KY 40204</b>		-				<b>475.75</b>
Account No.						
<b>Walnut Ridge Nursery &amp; Garden Center</b> <b>2108 Hamburg Pike</b> <b>Jeffersonville, IN 47130</b>		-				<b>7,510.75</b>
Account No.						
<b>Waste Managemenbt</b> <b>Lousville Hauling</b> <b>POB 9001054</b> <b>Louisville, KY 40290</b>		-				<b>84.58</b>
Account No.						
<b>WL Gore &amp; Associates Inc</b> <b>POB 751331</b> <b>Charlotte, NC 28275</b>		-				<b>8,895.00</b>
Sheet no. <b>44</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>18,919.23</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>WW Grainger</b> <b>POB 419267</b> <b>Kansas City, MO 64141</b>	-					<b>1,214.59</b>
Account No.						
<b>Xerox Corp</b> <b>POB 802555</b> <b>Chicago, IL 60680</b>	-					<b>20,456.55</b>
Account No.						
<b>Zoll Medical</b> <b>attn: Mike Grillakis</b> <b>269 Mill Rd</b> <b>Chelmsford, MA 01824</b>	-					<b>13,649.00</b>
Account No.						
Account No.						
Sheet no. <b>45</b> of <b>45</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>35,320.14</b>
						<b>Total</b> (Report on Summary of Schedules)
						<b>9,403,359.42</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>C&amp;G Technologies</b>	<b>Maintenance contract</b>
<b>Cerner</b>	<b>Contract for clinical software</b>
<b>Citizens Union Bank</b>	<b>Equipment lease/finance purchase agreement</b>
<b>Diversified</b>	<b>Equipment lease/finance purchase agreement</b>
<b>Healthland</b>	<b>Software contract</b>
<b>Heme</b>	<b>Contract for perfusionist services</b>
<b>Intec Buliding</b>	<b>Contract for housekeeping services</b>
<b>Johnson &amp; Johnson</b>	<b>Sterrad lease</b>
<b>KMC Real Estate Investors, LLC</b>	<b>Hospital/Real estate lease</b>
<b>Mahesh Agrawal MD</b>	<b>Contract for anesthesiology services</b>
<b>MedOne Capital</b>	<b>Equipment lease/finance purchase agreement</b>
<b>Olympus</b>	<b>Equipment lease/finance purchase agreement</b>
<b>Peoples Bank</b>	<b>Equipment lease/finance purchase agreement</b>
<b>Securitas</b>	<b>Security contract</b>
<b>Siemens</b>	<b>Contract for Cath Lab &amp; Radiology</b>
<b>Teresa Parrott MD</b>	<b>Contract for anesthesiology services</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Abdul Buridi</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Abdul Buridi</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>Abdul Buridi</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>Abdul Buridi</b>	<b>Steris Corp</b> <b>Attn: Renato Tamaro</b> <b>5960 Heisley Rd</b> <b>Mentor, OH 44060</b>
<b>Alexander Digenis</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Alexander Digenis</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>Alexander Digenis</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>Amy Hallal Henderson</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Amy Hallal Henderson</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>



In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Amy Hallal Henderson</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Anil Sharma</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Anil Sharma</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Anil Sharma</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Badr Idbeis</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>Brian Paradowski</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Brian Paradowski</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Brian Paradowski</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Brian Thornton</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Brian Thornton</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Brian Thornton</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Charles Oates</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Charles Oates</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Charles Oates</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Charles Oates</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>Chris Stavens</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Chris Stavens</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Chris Stavens</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Chris Stavens</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>David Berry</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
David Berry	The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202
David Berry	First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059
David Berry	Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060
David Britt	Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407
David Britt	The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202
David Britt	First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059
Denis Raleigh	Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407
Denis Raleigh	The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202
Denis Raleigh	First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059
Eli Halal	Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Eli Hallal</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Eli Hallal</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>Eli Hallal</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>Eugene Giles</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Eugene Giles</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>Eugene Giles</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>George Alcorn</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>George Alcorn</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>George Alcorn</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>George Alcorn</b>	<b>Steris Corp</b> <b>Attn: Renato Tamaro</b> <b>5960 Heisley Rd</b> <b>Mentor, OH 44060</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Jeffrey Campbell</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>Jeffrey Campbell</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>Jeffrey Campbell</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>Jeffrey Campbell</b>	<b>Steris Corp</b> <b>Attn: Renato Tamaro</b> <b>5960 Heisley Rd</b> <b>Mentor, OH 44060</b>
<b>John D Rumisek</b>	<b>Steris Corp</b> <b>Attn: Renato Tamaro</b> <b>5960 Heisley Rd</b> <b>Mentor, OH 44060</b>
<b>John Hategan</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>John Hategan</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>
<b>John Hategan</b>	<b>First Tennessee Bank NA</b> <b>c/o Mark J Sandlin Esq</b> <b>9301 Dayflower St</b> <b>Prospect, KY 40059</b>
<b>John McConnell</b>	<b>Divlend Equipment Leasing LLC</b> <b>Attn: Jeff Horn</b> <b>6625 W 19th St Ste 114</b> <b>Lubbock, TX 79407</b>
<b>John McConnell</b>	<b>The Leasing Group Pool II, LLC</b> <b>c/o John R Tarter Esq</b> <b>815 W Market St Ste 500</b> <b>Louisville, KY 40202</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>John McConnell</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>John Rumisek</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>John Rumisek</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>John Rumisek</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Juilo Melo</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Juilo Melo</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Juilo Melo</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Keith Carter</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Keith Carter</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Keith Carter</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Kentuckiana Investors LLC</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Lawrence Rouben</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Lawrence Rouben</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Lawrence Rouben</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Leslie Strouse Mattingly</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Leslie Strouse Mattingly</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Leslie Strouse Mattingly</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Mary Lynell Chamberlain</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Milo Stikovac</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Milo Stikovac</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Milo Stikovac</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Mio Stikovac</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>Paul Newsome</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>Renato LaRocca</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Renato LaRocca</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Robert Karman</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Robert Karman</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Robert Karman</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Robert Karman</b>	<b>Steris Corp Attn: Renato Tamaro 5960 Heisley Rd Mentor, OH 44060</b>
<b>Ruchasana Rahman</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>



In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Ruchasana Rahman</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Ruchasana Rahman</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Samer Hussein</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Samer Hussein</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Samer Hussein</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Satya Garihella</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Satya Garihella</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Shawn Glisson</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Shawn Glisson</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Shawn Glisson</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>

In re **Kentuckiana Medical Center LLC**Case No. **10-93039-BHL**

Debtor

**SCHEDULE H - CODEBTORS**

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Syed Raza</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Syed Raza</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Syed Raza</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Thomas Eckert</b>	<b>Divlend Equipment Leasing LLC Attn: Jeff Horn 6625 W 19th St Ste 114 Lubbock, TX 79407</b>
<b>Thomas Eckert</b>	<b>The Leasing Group Pool II, LLC c/o John R Tarter Esq 815 W Market St Ste 500 Louisville, KY 40202</b>
<b>Thomas Eckert</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Warren Shaikun</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>
<b>Zaka Khan</b>	<b>First Tennessee Bank NA c/o Mark J Sandlin Esq 9301 Dayflower St Prospect, KY 40059</b>

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re **Kentuckiana Medical Center LLC**,  
 Debtor

Case No. **10-93039-BHL**Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>9,496,899.00</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>3</b>		<b>15,544,289.22</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>81,434.63</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>46</b>		<b>9,403,359.42</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>11</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>68</b>			
Total Assets			<b>9,496,899.00</b>		
Total Liabilities				<b>25,029,083.27</b>	

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re Kentuckiana Medical Center LLC

Debtor

Case No. 10-93039-BHLChapter 11

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Southern District of Indiana**

In re **Kentuckiana Medical Center LLC**

Debtor(s)

Case No. **10-93039-BHL**

Chapter **11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the CEO of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **70** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 22, 2010**

Signature **/s/ Christodulos S Stavens**

**Christodulos S Stavens**  
**CEO**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Southern District of Indiana**

In re **Kentuckiana Medical Center LLC**

Debtor(s)

Case No. **10-93039-BHL**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>325.00/hr</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>60,000.00 retainer</b></u>
Balance Due .....	\$	<u><b>325.00/hr</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 22, 2010****/s/ David M. Cantor**

**David M Cantor & Neil C Bordy**  
**Seiller Waterman LLC**  
**22nd Floor - Meidinger Tower**  
**462 S 4th Street**  
**Louisville, KY 40202**  
**502-584-7400 Fax: 502-583-2100**

**United States Bankruptcy Court  
Southern District of Indiana**

In re **Kentuckiana Medical Center LLC**

Debtor(s)

Case No. **10-93039-BHL**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Kentuckiana Medical Center LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

**October 22, 2010**

Date

**/s/ David M Cantor & Neil C Bordy**

**David M Cantor & Neil C Bordy**

Signature of Attorney or Litigant

Counsel for **Kentuckiana Medical Center LLC**

**Seiller Waterman LLC**

**22nd Floor - Meidinger Tower**

**462 S 4th Street**

**Louisville, KY 40202**

**502-584-7400 Fax:502-583-2100**